Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Filing at a Glance

Company: American Continental Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: AETN-128123980 State: Arkansas TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num:

For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: MEDICARE State Status: Filed-Closed

Other 2010 SUPPLEMENT MULTIPLE POLICY

REPORT

Filing Type: Form Reviewer(s): Stephanie Fowler

Authors: Mary Ann Pyle, Lori

Rodman

Date Submitted: 02/28/2012 Disposition Status: Accepted For

Informational Purposes Implementation Date:

Disposition Date: 02/28/2012

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Medicare Supplemnet Multiple Policy Report Status of Filing in Domicile: Not Filed

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Deemer Date: Created By: Lori Rodman

Submitted By: Lori Rodman Corresponding Filing Tracking Number:

Filing Description:

The purpose of filing is to submit the Form for Reporting Medicare Supplement Policies for calendar year 2011.

Company and Contact

Filing Contact Information

Lori Rodman, Compliance Consultant RodmanL@Aetna.com
101 Continental Place 615-373-0272 [Phone]

Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Brentwood, TN 37027

Filing Company Information

American Continental Insurance Company CoCode: 12321 State of Domicile: Tennessee

101 Continental Place Group Code: Company Type:
Brentwood, TN 37027 Group Name: State ID Number:

(615) 370-9044 ext. [Phone] FEIN Number: 20-2901054

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

American Continental Insurance Company \$0.00 02/28/2012

Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted Fo	r Stephanie Fowler	02/28/2012	02/28/2012
Informationa	l		
Purposes			

Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

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Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Schedule	Schedule Item	Schedule Item Sta	tus Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Medicare Supplement Multiple Policy	Accepted for	Yes
	Report	Informational Purpo	oses

Filing Company: American Continental Insurance Company State Tracking Number:

 ${\it Company Tracking Number:} \qquad {\it MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT}$

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Form Schedule

Lead Form Number:

Schedule	Form	Form Type	e Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
Accepted	n/a	Other	Medicare	Initial			ACI_AR_
for			Supplement Multiple				Multiple_Polic
Information	า		Policy Report				y_report_201
al Purpose	S						1.pdf
02/28/2012	2						

FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES

NAIC Nur	nber:	12321					
Company	Name:	American Contine	American Continental Insurance Company				
Address:		P.O. Box 1188	Brentwood	Tennessee	37024		
Phone Number:		804-281-6059				_	
State:		ARKANSAS				_	
		(Due March 1, and	nually)				
in force n		o report the following inf care supplement policy o					
	Policy and Certificate		Date of Iss	ue			
	No policyholdor h	nas multiple Medicare su	anlament nelicie	<u> </u>		٦	
	No policyfloider f	las munipie Medicare su	ppiement policie	S		-	
						1	
						-	
		Hu	yang			_	
		Signature					
		Hui Yang / Actu Name and Title	iary I, ASA, MAA	Α		_	
		2/21/2012 Date				_	

Filing Company: American Continental Insurance Company State Tracking Number:

Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplemnet Multiple Policy Report/

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: The specified Supporting Documentation is not applicable to this filing. The filing is for Reporting

of Medicare Supplement multiple policies.

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: The specified Supporting Documentation is not applicable to this filing. The filing is for Reporting

of Medicare Supplement multiple policies.

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: The specified Supporting Documentation is not applicable to this filing. The filing is for Reporting

of Medicare Supplement multiple policies.

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: The specified Supporting Documentation is not applicable to this filing. The filing is for Reporting

of Medicare Supplement multiple policies.

Comments: